

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF MARION    )

BEFORE THE INDIANA

COMMISSIONER OF INSURANCE

CAUSE NUMBER: 9011-AG10-0104-017

IN THE MATTER OF:

Gene Sherrow  
Agent / Respondent

520 Stewart St.  
De Soto, MO 63020

Type of Agency Action: Enforcement

Indiana Insurance License No.:586293

FILED

MAR 05 2010

STATE OF INDIANA  
DEPT. OF INSURANCE

**ADMINISTRATIVE ORDER**  
**NOTICE OF NONRENEWAL OF LICENSE**

The Indiana Department of Insurance, pursuant to the Indiana Administrative Act, Indiana Code 4-21.5-1 et seq. and Indiana Code § 27-1-15.6-12, hereby gives notice to Gene Sherrow, ("Respondent") of the following Administrative Order:

1. Indiana Code § 27-1-15.6-12(b) provides that "The commissioner may levy a civil penalty, place an insurance producer on probation, suspend an insurance producer's license, revoke and insurance producer's license for a period of years, permanently revoke an insurance producer's license, or refuse to issue or renew an insurance producer license, or take any combination of these actions, ...".

2. Indiana Code § 27-1-15.6-12(d) provides that when the Commissioner refuses to renew a license, the Commissioner shall notify the Respondent, in writing, of the reasons for the nonrenewal.

3. Respondent Gene Sherrow is a resident of Missouri holding a non-resident insurance producer license in Indiana, license number 586293.

4. Respondent has been qualified as a surplus lines producer in accordance with and as defined under Indiana Code § 27-1-15.8 *et seq.* and is therefore bound by all requirements and restrictions contained therein.

5. Indiana Code § 27-1-15.8-4(c) requires licensed surplus lines producers to file a semi-annual tax report with the Department no later than the first of each fiscal quarter of each year.

6. Respondent was first notified of her violation via a Statement of Charges and Notice of Hearing sent on January 15, 2010 in regards to a violation of Indiana Code § 27-1-15.8-4(c) for the previous semi-annual tax report deadline.

7. On February 12, 2010 the Department left a voice mail for Respondent asking for a call back which was never returned.

8. On March 3, 2010 the Department received unclaimed Certified correspondence which includes the aforementioned Statement of Charges and Notice of Hearing (Exhibit A)

9. As of this date, the Department has not been able to get into contact with Respondent and Respondent is still in violation of Indiana Code § 27-1-15.8-4(c).

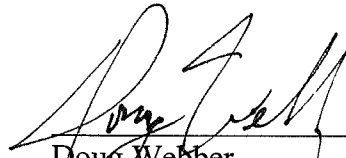
WHEREFORE, based on the foregoing, the Commissioner of Insurance hereby notifies Respondent that **Respondent's license shall not be renewed.**

WHEREFORE, the Commissioner further notifies Respondent that pursuant to Indiana Code § 27-1-15.6-12(d), within sixty (60) days of receiving this Notice, Respondent may make a written demand upon the Commissioner for a hearing to determine the reasonableness of this

action. Such a hearing shall be held within thirty (30) days from the date of receipt of Respondent's written demand.

March 5 2010

Date Signed

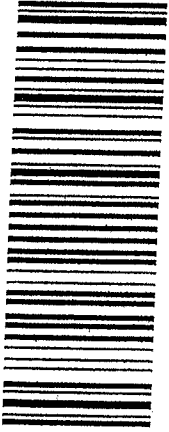
A handwritten signature in black ink, appearing to read "Doug Webber", written over a horizontal line.

Doug Webber  
Acting Commissioner  
Indiana Department of Insurance

# DOI

INDIANA DEPARTMENT OF INSURANCE  
311 W. WASHINGTON STREET, SUITE 100  
INDIANAPOLIS, INDIANA 46204-1799

REGISTERED MAIL



7005 3110 0002 4438 7524

Gene Sherrow  
520 Stewart St.  
De Soto, MO 63020

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6/11

SF 3569 (R4/11-93)

\$05719

0116 2010

US POSTAGE

NIXIE 631 SE 1 70 02/25/10

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 45204271799 \*0312-01212-15-35

53020031799 0005  
452042717

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gene Sherrow  
520 Stewart St  
De Soto, MO 63020

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 3110 0002 4438 7524

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-M-15-00

EXHIBIT